

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s):	Kenneth H. Grabstein	Confirmation No.:	6624
Serial No.:	09/724,841	Group Art Unit No.:	1646
Filed:	November 28, 2000	Examiner:	MERTZ, PREMA MARIA
Serial No.:	09/724,841	Group Art Unit No.:	1646
Patent No.:	7,192,935	Issue Date of Patent:	March 20, 2007
Title:	POLYNUCLEOTIDES ENCODING EPITHELIUM-DERIVED T-CELL FACTOR AND USES THEREOF		
Docket No.:	66033-10/2811-H (2811-US-CNT2)		

PETITION UNDER 37 C.F.R. § 3.81(b)

Mail Stop PETITIONS
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Examiner:

Applicants request the Patent Office correct the name of the assignee as printed on the above-referenced issued patent. The incorrect Assignee data provided on the PTOL-85, identifying the assignee as Amgen Inc., was unintentional.

An assignment to Immunex Corporation was submitted for recordation in accordance with 37 C.F.R. § 3.11 prior to payment of the Issue Fee. The parent application was assigned of record to Immunex Corporation, and was recorded at Reel/Frame 006491/0205 on March 8, 1993.

Applicants submit herewith a Certificate of Correction, along with payment of the associated fee, and request that the Office grant this request and issue a Certificate of Correction to correct the name of the assignee.

FEE UNDER 37 C.F.R. § 1.17(i)



Please charge the processing fee of \$130.00 as set forth in 37 C.F.R. § 1.17(i) to Deposit Account No. 09-0089 in the name of Immunex Corporation.

CERTIFICATE OF EFS-WEB TRANSMISSION

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted electronically through EFS-WEB to the Commissioner for Patents, P.O. Box 1450 Alexandria, VA 22313-1450, on the date appearing below.

December 16, 2010

Date

Loni M. Cummings

Signature

FEE UNDER 37 C.F.R § 1.20(a)



Please charge the Certificate of Correction fee of \$100.00 as set forth in 37 C.F.R. § 1.20(a) to Deposit Account No. 09-0089 in the name of Immunex Corporation.

Applicants also submit herewith a request for Change of Correspondence Address.

The Commissioner is hereby authorized to charge any additional fees which may be required or credit any overpayment to Deposit Account No. 09-0089.

Please send all future correspondence to:

Respectfully submitted.



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